

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-031397

FILING DATE

APPLICANT(S)

		CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1										
2	1										
3	1										
4		3									
5		0									
6		0									
7		3									
8	1										
9	1										
10	1										
11		3									
12		0									
13		0									
14		0									
15		0									
16		0									
17		0									
18	1										
19		1									
20		2									
21		0									
22		0									
23		0									
24		0									
25		0									
26		0									
27		0									
28		0									
29		0									
30		0									
31		0									
32	1										
33		0									
34		0									
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	9										
TOTAL DEP.	37										
TOTAL CLAIMS	46										
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											